

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000120339

FILED
Oct 10, 2007
Secretary of State

Entity Name: REAL ESTATE ACCOMMODATORS, LLC

Current Principal Place of Business:

110 HAROLD CT.
PUNTA GORDA, FL 33950

New Principal Place of Business:

2725 ST THOMAS DR
PUNTA GORDA, FL 33950

Current Mailing Address:

LINDA HUGHES
2725 ST. THOMAS DR
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 14-1945783 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CALDWELL, FREDDIE M
1322 VIA MILANESE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

HUGHESL, LINDA J
2725 ST THOMAS DR
PUNTA GORDA, FL 33950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LINDA J HUGHES

10/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUGHES, LINDA
Address: 2725 ST THOMAS DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM (X) Delete
Name: CALDWELL, FREDDIE
Address: 1322 VIA MILANESE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA J HUGHES

MGRM

10/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date